

From: Jeffrey Smedberg [mailto:dpw179@co.santa-cruz.ca.us]  
Sent: Tuesday, July 20, 2010 1:46 PM  
To: PharmaSharps  
Subject: Comment: HHW reporting

The report indicated that half of HHW collection sites failed the model program standards because of insufficient collection logs. This was believable, as in my experience I could not get detailed info on meds collection from our HHW program. However, I just inquired today and discovered that as of this year the reports that all HHWs are required to complete now include a separate category for pharmaceutical waste. So I expect to be getting accurate data from our HHW at the end of the year.

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From: Jeffrey Smedberg [mailto:dpw179@co.santa-cruz.ca.us]  
Sent: Tuesday, July 20, 2010 5:09 PM  
To: PharmaSharps  
Subject: Question on footnoted data in Pharms report

The 4th bullet point on page 6 of the report states:

"In addition, the number of prescriptions per 100 people has increased between 1995 and 2008 from 0.8 to 1.2 nationwide."

This US Census is cited by footnote as the source of this data.

Is there a time period associated with the dispensing of these prescriptions? Without a timeframe, I find this data meaningless. Perhaps this is over a year?

Thanks.

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From: Jeffrey Smedberg [mailto:dpw179@co.santa-cruz.ca.us]  
Sent: Tuesday, July 20, 2010 5:34 PM  
To: PharmaSharps  
Cc: Kasey Kolassa; Tim Goncharoff  
Subject: Comments on CalRecycle Background Report

Comments on CalRecycle Background Report:  
Evaluation of Home-Generated Pharmaceutical Programs in California,  
dated July 12, 2010.

Employing the criteria required by SB 966 in the areas of safety, accessibility, cost effectiveness, and efficacy, the report does a thorough job of analyzing existing take-back programs in California and elsewhere, based on the incomplete data available.

As the manager of a pilot pharmaceutical collection program, I concur with the findings on page 33 that pilot programs in general emphasize a need for sustainable funding, and seek a change in the federal Controlled Substances Act to allow for the collection of prescribed controlled substances at pharmacies.

The report concludes with a comprehensive detailing of options for future state action.

The problems associated with improper management of home-generated pharmaceutical waste have been well documented as significant. Option 1, doing nothing, is therefore not a viable option.

Any of the other three proposed options will require that the goals of a take-back program be refined, regulations be drafted to implement the guidelines on appropriate collection, and roles and responsibilities of state agencies be clarified. Legislation is needed to accomplish these tasks.

With the program well defined, Option 2 has been surpassed, but without a responsible party named and no assured funding, the effect will be minimal. Doing almost nothing is also not an option.

Both Options 3 and 4 have the advantage of a secure funding source, and both will facilitate increased public awareness, proliferation of safe take-back sites, and greater diversion, with its consequent positive impact on the environment.

Because of incentives inherent in the EPR approach when industry is directly responsible for outcomes, Option 3 will lead to efficiencies in take back operations and can even influence upstream business strategies in product design and marketing. Government's role would be reduced to regulatory oversight and enforcement.

The report's analysis of the various collection modes did not conclude that any one was far superior to the others. Mailback, pharmacy or law enforcement take-back, or special

events may all work well in some communities and not at all in other communities. The standards and regulations should encompass all modes and determine what level of public convenience must be achieved by each mode.

In conclusion, the experience in Santa Cruz County favors the state adopting a producer responsibility structure for home-generated pharmaceutical waste as outlined in Option 3.

Thank you for taking my comments.

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